

pard adult basketball 2015-2016



Early Registration: September 8 — October 2

Fees: \$325

Regular Registration: October 5 — 23

Fees: \$350

Late Registration: October 26— November 6

Fees: \$375

PLEASE NOTE: REGISTRATION PROCEDURES ARE AS FOLLOWS. ALL FORMS — Including the Team Registration Form, Coaches Agreement, and the Roster/Waiver Form — MUST BE COMPLETED WITH ALL INFORMATION (INCLUDING SIGNATURES) AND TURNED IN WITH FULL PAYMENT TO THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. Forms will not be accepted if they are turned in to another City office. All registration packets, including any forms that are faxed or mailed, must be received by PARD by 5:00 pm on Friday, November 6, 2015.

Leagues Offered

Men's, Women's,
Men's Industrial
Men's Church

Games

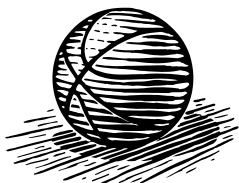
Play begins Monday,
November 30, 2015

Game Nights

Monday-Thursday
6:45, 8:00 & 9:15 pm

Practice Gyms

To be determined
(rental is \$30/hour
for full court)



PARD Athletics. 130 E. Timpson Street
Phone 903-237-1270 Fax 903-237-1389
www.Parks.LongviewTexas.Gov



CITY OF LONGVIEW PARKS AND RECREATION ADULT TEAM REGISTRATION FORM

***NOTE: ALL forms must be 100% complete at the time of registration. BIRTH CERTIFICATES REQUIRED. No exceptions will be made.**

TEAM NAME:

FORMER TEAM NAME (if applicable):

PRIMARY COACH:

D.O.B.:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE NUMBERS ----- CELL:

WORK:

HOME PHONE:

E-MAIL (REQUIRED):

***NOTE: Make-up/rainout schedules will no longer be mailed to coaches, they will be EMAILED ONLY!!**

SPORT:

- ☐ SOFTBALL (SB)
☒ BASKETBALL (BB)
☐ FLAG FOOTBALL (FFB)
☐ KICKBALL (KB)

LEAGUE:

- ☐ MEN'S OPEN (SB, BB, FFB)
☐ MEN'S IND. (SB, BB)
☐ MEN'S CHURCH (SB, BB)
☐ MEN'S 35 & OVER (SB ONLY)
☐ YTH CHURCH COED (SB, KB)
☐ CHURCH COED (SB ONLY)
☐ COED (SB, KB)
☐ WOMEN'S OPEN (SB ONLY)

LAST DIVISION:

check the division
the team last played in.

- ☐ DIV 1
☐ DIV 2
☐ DIV 3
☐ DIV 4
☐ DIV 5
☐ DIV 6
☐ NEW TEAM

REQUESTED DIVISION:

check the division
the team is requesting.

- ☐ DIV 1
☐ DIV 2
☐ DIV 3
☐ DIV 4
☐ DIV 5
☐ DIV 6
☐ NEW TEAM

SEASON:

☐ SPRING

☐ SUMMER

☐ FALL

☒ WINTER

SPECIAL REQUESTS - NO GUARANTEES!

I, AS COACH OF THE ABOVE NAMED TEAM, AND THE PLAYERS OF THIS TEAM AGREE TO ABIDE BY AND ADHERE TO THE RULES SET FORTH BY THE CITY OF LONGVIEW PARKS & RECREATION DEPARTMENT.

COACH / CHURCH PASTOR / PERSONNEL MANAGER SIGNATURE

DATE

FORM OF PAYMENT:

☐ CHECK # _____ ☐ MO _____ ☐ CASH ☐ Visa / MC / Discover/Amex

ALL PERSONAL CHECKS REQUIRE DATE OF BIRTH AND DRIVER'S LICENSE NUMBER

OFFICE USE ONLY

TOTAL FEE: _____

DATE: _____

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, November 6, 2015.

Team Name	League	Requested Division	Primary Coach	Phone	Date of Birth	
	Print Player's Name	Player's Signature (Parent's if under 18)	Street Address	Zip	Phone(s)	T-Shirt Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, NOVEMBER 6, 2015.**

Coach's Signature Verifying AUTHENTICITY of Signatures: _____ **Date:** _____

Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport. These rules also apply to parents and other spectators of all PARD sports.

I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR PARD SPONSORED EVENTS AT ANY TIME.

My signature indicates that I have read and understand these policies.

Signature

Printed Name

Team

League



Date